



Queensland  
Government

(Affix identification label here)

# Alcohol Withdrawal Scale AWS

URN:

Family name:

Given name(s):

Address:

Facility: .....

Date of birth:

Sex:  M  F  I

| Last Alcohol Use -   |  | Date   |       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|-------|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Date: ..... / ..... / .....  |  | Time   |       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Time: ..... : ..... AM / PM  |  | Bal  |       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Perspiration   | 0. Nil<br>1. Moist skin<br>2. Beads on face and body<br>3. Profuse, whole body wet   |  |       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tremor   | 0. No tremor<br>1. Tremor can be felt in fingers<br>2. Visible tremor but mild<br>3. Moderate tremor, arms out<br>4. Severe, arms not extended |  |       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Anxiety  | 0. Calm<br>1. Uneasy<br>2. Apprehensive<br>3. Fearful, slow to calm<br>4. Unable to calm / panic   |  |       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Agitation  | 0. Able to rest<br>1. Unsettled, fidgety<br>2. Restless, tossing, turning<br>3. Excitable, pacing<br>4. Constant movement                      |  |       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Temperature  | 0. < 37.0c<br>1. 37.1c - 37.5c<br>2. 37.6c - 38.0c<br>3. 38.1c - 38.5c<br>4. > 38.5c   |  |       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hallucinations<br>Specify if:<br>V = Visual<br>T = Tactile<br>A = Auditory | 0. Lucid<br>1. Infrequent, aware<br>2. Brief, persuadable<br>3. Frequent, distressed<br>4. No meaningful reality                               |  |       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Orientation  | 0. Fully oriented<br>1. Unsure of time<br>2. Unsure time, place<br>3. Unsure time, place, person<br>4. Disorientated                           |  |       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Total</b>   |  |  |       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Scale (mm)   | Blood pressure   |  |       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • 1  | Pulse  |  |       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • 2  | Temperature  |  |       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • 3  | Respirations   |  |       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • 4  | Conscious level  | 1. Alert, obeys, oriented                            |       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • 5  |  | 2. Confused, response to speech                      |       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • 6  | 3. Stuporous, response to pain   |  |       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • 7  | 4. Semi-comatose   |  |       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • 8  | 5. Comatose  |  |       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • 6  | Pupils   | + Reactive<br>- No Reaction<br>B Brisk<br>S Sluggish | Left  | Size     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | Right | Reaction |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • 7  | Medication given?  |  |       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Nurse initials   |  |       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

DO NOT WRITE IN THIS BINDING MARGIN

ALCOHOL WITHDRAWAL SCALE AWS

v1.00 - 06/2012



SW281



# Alcohol Withdrawal Scale AWS

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

| Last Alcohol Use -   |  | Date                            |      |      |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|---------------------------------|------|------|-------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Date: ..... / ..... / .....  |  | Time                            |      |      |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Time: ..... : ..... AM / PM  |  | Bal                             |      |      |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Perspiration   | 0. Nil<br>1. Moist skin<br>2. Beads on face and body<br>3. Profuse, whole body wet   |                                 |      |      |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tremor   | 0. No tremor<br>1. Tremor can be felt in fingers<br>2. Visible tremor but mild<br>3. Moderate tremor, arms out<br>4. Severe, arms not extended |                                 |      |      |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Anxiety  | 0. Calm<br>1. Uneasy<br>2. Apprehensive<br>3. Fearful, slow to calm<br>4. Unable to calm / panic   |                                 |      |      |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Agitation  | 0. Able to rest<br>1. Unsettled, fidgety<br>2. Restless, tossing, turning<br>3. Excitable, pacing<br>4. Constant movement                      |                                 |      |      |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Temperature  | 0. < 37.0c<br>1. 37.1c - 37.5c<br>2. 37.6c - 38.0c<br>3. 38.1c - 38.5c<br>4. > 38.5c   |                                 |      |      |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hallucinations<br>Specify if:<br>V = Visual<br>T = Tactile<br>A = Auditory | 0. Lucid<br>1. Infrequent, aware<br>2. Brief, persuadable<br>3. Frequent, distressed<br>4. No meaningful reality                               |                                 |      |      |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Orientation  | 0. Fully oriented<br>1. Unsure of time<br>2. Unsure time, place<br>3. Unsure time, place, person<br>4. Disorientated                           |                                 |      |      |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Total</b>   |  |                                 |      |      |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Scale (mm)   | Blood pressure   |                                 |      |      |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • 1  | Pulse  |                                 |      |      |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • 2  | Temperature  |                                 |      |      |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • 3  | Respirations   |                                 |      |      |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • 4  | Conscious level  | 1. Alert, obeys, oriented       |      |      |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • 5  |  | 2. Confused, response to speech |      |      |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • 6  | Pupils   | 3. Stuporous, response to pain  |      |      |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • 7  |  | 4. Semi-comatose                |      |      |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • 8  | 5. Comatose  |                                 |      |      |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • 6  | Pupils   | + Reactive                      | Left | Size |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • 7  |  | - No Reaction                   |      |      | Right | Size |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • 8  | B Brisk  |                                 |      |      |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • 8  | S Sluggish   |                                 |      |      |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • 8  | Medication given?  |                                 |      |      |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • 8  | Nurse initials   |                                 |      |      |       |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

DO NOT WRITE IN THIS BINDING MARGIN